

Monthly Summary Chart

Facility: _____

Month: _____

Provider	Number of Days Worked	Number of Patients	Production Hours	Non-production Hours	Total Services and Lab Fees Billed	Number of No Shows	Number of Cancelled Apts	Total Short Notice Cancelled Hours	Unscheduled Hours	Lab Fees
Hygienist	Number of Days Worked	Number of Patients	Production Hours	Non-production Hours	Total Services and Lab Fees Billed	Number of No Shows	Number of Cancelled Apts	Total Short Notice Cancelled Hours	Unscheduled Hours	Lab Fees

Totals # CC # of PM # of AT # of COE's

Provider _____

Hygienist _____